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**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Yale-New Haven Hospital	
Doing Business As	Yale-New Haven Hospital	
Name of Parent Corporation	Yale New Haven Health Services Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	20 York Street New Haven, CT 06504	
Applicant type (e.g., profit/non-profit)	Non-Profit	
Contact person, including title or position	Jean Ahn Director	
Contact person's street mailing address	Yale-New Haven Hospital 20 York Street New Haven, CT 06504	
Contact person's phone #, fax # and e-mail address	(203) 688-2609 (Phone) (203) 688-5013 (Fax) Jean.Ahn@ynhh.org	

000002**SECTION II. GENERAL APPLICATION INFORMATION**

- Proposal/Project Title:

Renovation of Pediatric Emergency Department

- Type of Proposal, please check all that apply:

- ☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

- ☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

- ☒ Project expenditure/cost greater than \$ 1,000,000

- ☐ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

- ☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

- a. Location of proposal (Town including street address):

20 York Street, New Haven, CT 06504

- b. List all the municipalities this project is intended to serve:

Please see response to Question 3 in Project Description.

- c. Estimated starting date for the project:

Upon OHCA approval.

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- d. Type of project: 25 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: **\$1,490,996**
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$1,330,030
Medical Equipment (Purchase)	64,386
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	96,580
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$1,490,996
Fair Market Value of Leased Equipment	
Total Capital Cost	\$1,490,996

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

Not applicable.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☒ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

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If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

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Applicant: **Yale-New Haven Hospital**Project Title: **Renovation of Pediatric Emergency Department**I, James Staten, Chief Financial Officer
(Name) (Position – CEO or CFO)

of Yale-New Haven Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Yale-New Haven Hospital complies with (Facility Name) the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

James Staten
Signature

1/13/06
Date

Subscribed and sworn to before me on 1/13/06

Patricia C. Fiorentino
Notary Public/Commissioner of Superior Court

Patricia C. Fiorentino

NOTARY PUBLIC

My commission expires: MY COMMISSION EXPIRES DEC. 31, 2009

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Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

SECTION IV. PROJECT DESCRIPTION**000008**

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.**

Yale-New Haven Hospital (YNHH) is the primary teaching hospital for the Yale School of Medicine and a major community hospital for residents of the greater New Haven area. The Hospital offers a full array of primary to quaternary patient services; many quaternary services have been designated as regional or national referral services. The Yale-New Haven Children's Hospital's Emergency Department provides urgent and emergency medical, surgical and behavioral health care to pediatric patients 24 hours a day, seven days a week.

A copy of YNHH's Department of Public Health (DPH) License is presented as Appendix I.

- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?**

No changes in the services currently offered in Yale-New Haven Children's Hospital Emergency Department (ED) are being proposed. The Pediatric ED is the state's only pediatric Level I trauma center and both the volume and the acuity of patients seen in the ED have increased over the past several years.

Separate DPH licensure is not required for emergency services.

- 3. Who is the current population served and who is the target population to be served?**

The current population served and the target population to be served include the residents of Ansonia, Bethany, Branford, Cheshire, Clinton, Deep River, Derby, East Haven, Essex, Guilford, Hamden, Killingworth, Madison, Meriden, Milford, New Haven, North Branford, North Haven, Old Saybrook, Orange, Oxford, Seymour, Wallingford, Westbrook, West Haven and Woodbridge.

- 4. Identify any unmet need and how this project will fulfill that need.**

The Yale-New Haven Children's Hospital Emergency Department (ED) currently sees patients at a capacity level far above the facility's original design, and has been functioning over its intended capacity for several years. The Pediatric ED has experienced steady growth in volume and acuity. The clinical staff's ability to treat patients in a timely manner is impeded by the limited capacity of the facility. The time that patients and their families spend waiting to be seen has increased due to the lack of sufficient exam room space. By converting existing administrative office space into additional clinical space, the proposed project will significantly enhance the Pediatric ED's capacity to deliver timely and appropriate

patient care. The proposed project will also substantially improve patient safety and satisfaction.

5. Are there any similar existing service providers in the proposed geographic area?

Yale-New Haven Children's Hospital (YNHCH) has the largest emergency department in the proposed geographic area, as well as the only one with a dedicated pediatric service, staffed by board-certified pediatric emergency medicine specialists. YNHCH is also the only hospital in Connecticut with a Level I pediatric trauma center. General emergency departments also exist at the Hospital of St. Raphael, Milford Hospital, Griffin Hospital and MidState Medical Center.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

The project will improve the delivery of health care to children by facilitating the efficient delivery of emergency care by qualified Pediatric specialists. The increase in Pediatric Emergency Department clinical space will reduce delays to first contact with physicians, thereby enhancing patient safety and overall patient satisfaction. The Pediatric Emergency Department serves as a crucial entry point for the majority of children admitted to the Hospital's inpatient pediatric units. The proposed increase in clinical space will greatly improve the admission process for these families.

7. Who will be responsible for providing the service?

Yale-New Haven Children's Hospital will be responsible for providing the service.

8. Who are the payers of this service?

The payers for this service include Medicaid, Medicare, Aetna, Blue Cross, Cigna, Connecticare, HMCPPPO, Oxford, PHS, United Healthcare, Yale Health Plan, and other commercial plans.

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APPENDIX I

Department of Public Health License

STATE OF CONNECTICUT

Department of Public Health

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LICENSE

License No. 0044

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Yale-New Haven Hospital, Inc. of New Haven, CT, d/b/a Yale-New Haven Hospital, Inc. is hereby licensed to maintain and operate a General Hospital.

Yale-New Haven Hospital, Inc. is located at 20 York Street, New Haven, CT 06504

The maximum number of beds shall not exceed at any time:

852 General Hospital beds

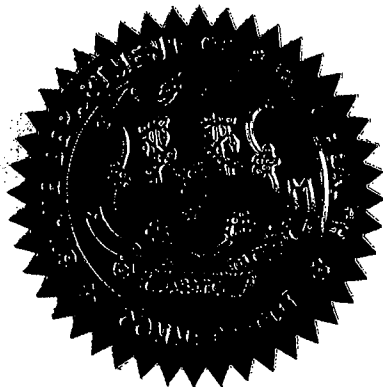
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This license expires **September 30, 2007** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2005. RENEWAL.

Satellites

Hill Regional Career High School, 140 Legion Avenue, New Haven, CT
Branford High School Based Health Center, 185 East Main Street, Branford, CT
Walsh Middle School, 185 Damascus Road, Branford, CT
James Hillhouse High School Based Health Center, 480 Sherman Parkway, New Haven, CT
Sheriden Academy of Excellence School Based Health Center, 191 Fountain Street, New Haven, CT
Vincent E. Mauro Elementary School Based Health Center, 130 Orchard Street, New Haven, CT
Weller Building, 425 George Street, New Haven, CT
Yale-New Haven Psychiatric Hospital, 184 Liberty Street, New Haven, CT
Yale-New Haven Shoreline Medical Center, 111 Goose Lane, Guilford, CT
Pediatric Dentistry Center, 860 Howard Avenue, New Haven, CT



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner